U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Faiture to comply may result in criminal prosecution fines a civil penalties as provided by 29 U S C 439 or 440

| For Difficult Ba Only | |
|-----------------------|---|
| E (SAR ATMS) | ł |
| - Question | ز |

1 File Number U 03003

3 Name and address of person filing

PO Box Bldg Room No If any

State Texas

Signed

Forti LM 30 (2003)

Name Douglas in PINION

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

2 Fiscal Year Covered From

 $\frac{1}{1} / \frac{1}{2005}$ Through $\frac{12}{31} / \frac{31}{2005}$

PO Box Building and Room Number if any SVITE 500

4 Name file number and address of labor organization

Name Allied Pilots Association

Labor Organization File Number 059 849

| Street 2737 PINETIUR | ST QRIVE | Street 14600 Trinity Boulevard | | |
|--|-------------------|---|-------------------------|--|
| CITY GRAPENINE | | City Fort Worth | | |
| State 7× | ZIP Code +4 76051 | State Texas | ZIP Code + 4 76155 2512 | |
| 5 Position in labor organization DEPUTY CHARRAGE TECHNICAL ANALYSIS & SCHEDULING COMMISTEE | | | | |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) | | | | |
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | | | | |
| 6 Name and address of Employer (including trade name if any) | | 7 a Nature of Interest, Transaction or Income | | |
| Name American Airlines Inc | | A travel pass on American which permits me to fly for free in connection with union business status | | |
| Trade Name if any | | | | |
| PO Box Bldg Room No If any | | 7 b Amount | | |
| Street 4333 Amon Carter Blv | rd | | | |
| City Fort Worth | | | | |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the

ZIP Code + 4 76155 2605

undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions)